

INDUSTRIAL CONVEYOR CORP.

GRANTOR(S)

TO

**WARRANTY DEED**

EDDIE TALBOT

GRANTEE(S)

FOR AND IN CONSIDERATION of the sum of Ten Dollars (\$10.00), cash in hand paid, and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, INDUSTRIAL CONVEYOR CORP., does hereby sell, convey and warrant unto EDDIE TALBOT, the land lying and being situated in **DeSoto** County, Mississippi, more particularly described as follows, to-wit:

Lot No. 1 of Mound Subdivision, located in Section 26, Township 2, Range 8 West, recorded in Plat Book 6, Page 14, in the Office of the Chancery Clerk of DeSoto County, Mississippi.

Parcel No.: 2087-2602.0-00001.00  
Commonly known as: 1326 Dean Road, Nesbit, MS 38651

The warranty in this deed is subject to subdivision and zoning regulations in DeSoto County, Mississippi, rights of way and easements for public roads and public utilities, and restrictive covenants for said subdivision.

By way of explanation, an earlier attempt by James A. Johnson, Sr., to convey this property into a trust was not correctly accomplished. Emma C. Johnson, wife of James A. Johnson, Sr., died intestate on October 5, 1998 as evidenced by the certificate attached hereto. James A. Johnson, Sr., died intestate on December 4, 2000, as evidenced by the certificate attached hereto. The heirs at law of James A. Johnson, Sr., are the signors of this deed, with the addition of the husband and children of a previously deceased child of James A. Johnson, Sr., as evidenced by the Affidavit of Heirship attached hereto.

It is understood and agreed that the taxes for the year 2008 have been prorated as of this date on an estimated basis only and when said taxes are actually determined, if the

*y Badz*

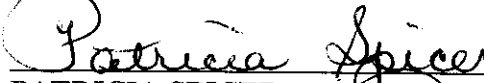
proration is incorrect then Grantor(s) agree to pay Grantee(s) or their assigns any deficiency and likewise Grantee(s) agree to pay Grantor(s) or their assigns any amount overpaid.

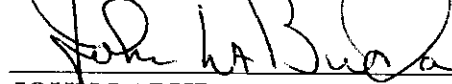
Possession to take place upon closing.

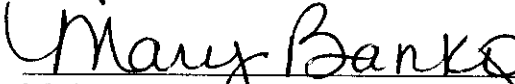
WITNESS OUR SIGNATURES this the 10<sup>th</sup> day of July, 2008.

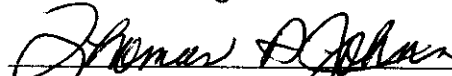
  
JAMES G. JOHNSON

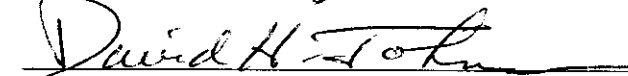
ELIZABETH GRAVETTE

  
PATRICIA SPICER

  
JOHN LABUDA

  
MARY BANKO

  
THOMAS A. JOHNSON

  
DAVID H. JOHNSON

  
JAMES A. JOHNSON, JR.

  
JOHN LABUDA, JR.

STEPHEN LABUDA

proration is incorrect then Grantor(s) agree to pay Grantee(s) or their assigns any deficiency and likewise Grantee(s) agree to pay Grantor(s) or their assigns any amount overpaid.

Possession to take place upon closing.

WITNESS OUR SIGNATURES this the 7/11 day of July, 2008.

\_\_\_\_\_  
JAMES G. JOHNSON

Elizabeth Gravette  
\_\_\_\_\_  
ELIZABETH GRAVETTE

\_\_\_\_\_  
PATRICIA SPICER

\_\_\_\_\_  
JOHN LABUDA

\_\_\_\_\_  
MARY BANKO

\_\_\_\_\_  
THOMAS A. JOHNSON

\_\_\_\_\_  
DAVID H. JOHNSON

\_\_\_\_\_  
JAMES A. JOHNSON, JR.

\_\_\_\_\_  
JOHN LABUDA, JR.

\_\_\_\_\_  
STEPHEN LABUDA

proration is incorrect then Grantor(s) agree to pay Grantee(s) or their assigns any deficiency and likewise Grantee(s) agree to pay Grantor(s) or their assigns any amount overpaid.

Possession to take place upon closing.

WITNESS OUR SIGNATURES this the 10<sup>th</sup> day of July, 2008.

\_\_\_\_\_  
JAMES G. JOHNSON

\_\_\_\_\_  
ELIZABETH GRAVETTE

\_\_\_\_\_  
PATRICIA SPICER

\_\_\_\_\_  
JOHN LABUDA

\_\_\_\_\_  
MARY BANKO

\_\_\_\_\_  
THOMAS A. JOHNSON

\_\_\_\_\_  
DAVID H. JOHNSON

\_\_\_\_\_  
JAMES A. JOHNSON, JR.

\_\_\_\_\_  
JOHN LABUDA, JR.

  
\_\_\_\_\_  
STEPHEN LABUDA

STATE OF Tennessee  
COUNTY OF Shelby

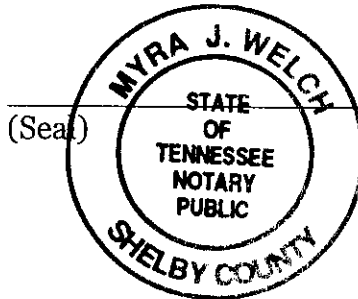
THIS DAY personally appeared before me the undersigned authority in and for the above county and state, the within named JAMES G. JOHNSON, who acknowledged that he/she signed and delivered the above and foregoing Warranty Deed on the day and year therein mentioned as his/her free and voluntary act and deed after being duly authorized to do so.

GIVEN UNDER MY HAND and official seal of office this the 10 day of July, 2008.

Myra J. Welch  
NOTARY PUBLIC

MY COMMISSION EXPIRES:

**My Commission Expires March 17, 2010**



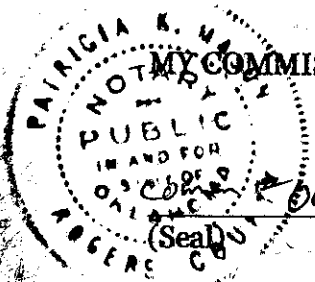
STATE OF OKLAHOMACOUNTY OF Tulsa

THIS DAY personally appeared before me the undersigned authority in and for the above county and state, the within named ELIZABETH GRAVETTE, who acknowledged that he/she signed and delivered the above and foregoing Warranty Deed on the day and year therein mentioned as his/her free and voluntary act and deed after being duly authorized to do so.

GIVEN UNDER MY HAND and official seal of office this the 11<sup>th</sup> day of July, 2008.

Patricia K. Mason  
NOTARY PUBLIC

MY COMMISSION EXPIRES: 12-19-08



00018967

STATE OF TennesseeCOUNTY OF Shelby

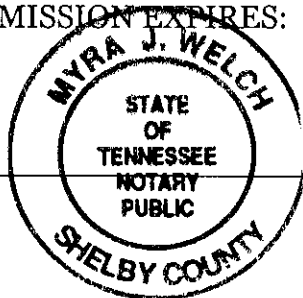
THIS DAY personally appeared before me the undersigned authority in and for the above county and state, the within named PATRICIA SPICER who acknowledged that he/she signed and delivered the above and foregoing Warranty Deed on the day and year therein mentioned as his/her free and voluntary act and deed after being duly authorized to do so.

GIVEN UNDER MY HAND and official seal of office this the 10 day of July, 2008.

Myra J. Welch  
NOTARY PUBLIC

MY COMMISSION EXPIRES:

(Seal)



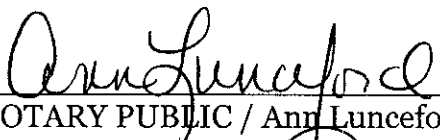
My Commission Expires March 17, 2010

STATE OF MISSISSIPPI

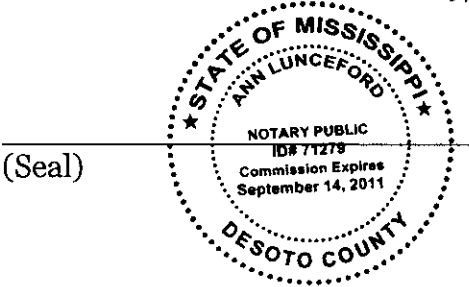
COUNTY OF DESOTO

THIS DAY personally appeared before me the undersigned authority in and for the above county and state, the within named JOHN LABUDA, who acknowledged that he/she signed and delivered the above and foregoing Warranty Deed on the day and year therein mentioned as his/her free and voluntary act and deed after being duly authorized to do so.

GIVEN UNDER MY HAND and official seal of office this the 15<sup>th</sup> day of July, 2008.

  
NOTARY PUBLIC / Ann Lunceford

MY COMMISSION EXPIRES: 9/14/11





STATE OF Tennessee  
 COUNTY OF Shelby

THIS DAY personally appeared before me the undersigned authority in and for the above county and state, the within named MARY BANKO, who acknowledged that he/she signed and delivered the above and foregoing Warranty Deed on the day and year therein mentioned as his/her free and voluntary act and deed after being duly authorized to do so.

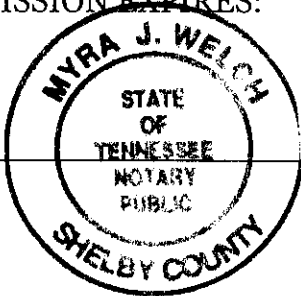
GIVEN UNDER MY HAND and official seal of office this the 10 day of July, 2008.

Myra J. Welch  
 NOTARY PUBLIC

MY COMMISSION EXPIRES:

My Commission Expires March 17, 2010

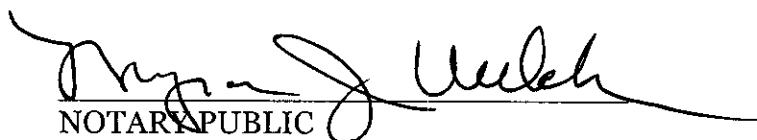
(Seal)



STATE OF Tennessee  
COUNTY OF Shelby

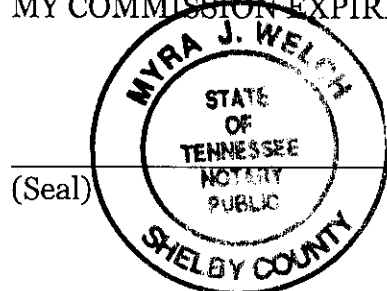
THIS DAY personally appeared before me the undersigned authority in and for the above county and state, the within named THOMAS A. JOHNSON, who acknowledged that he/she signed and delivered the above and foregoing Warranty Deed on the day and year therein mentioned as his/her free and voluntary act and deed after being duly authorized to do so.

GIVEN UNDER MY HAND and official seal of office this the 10 day of July, 2008.

  
NOTARY PUBLIC

MY COMMISSION EXPIRES:

**My Commission Expires March 17, 2010**



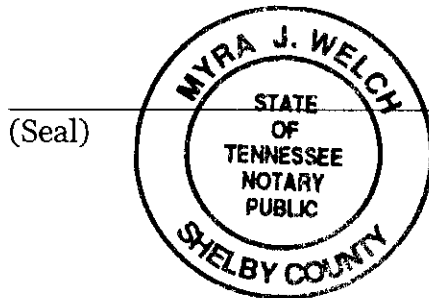
STATE OF TennesseeCOUNTY OF Shelby

THIS DAY personally appeared before me the undersigned authority in and for the above county and state, the within named DAVID H. JOHNSON, who acknowledged that he/she signed and delivered the above and foregoing Warranty Deed on the day and year therein mentioned as his/her free and voluntary act and deed after being duly authorized to do so.

GIVEN UNDER MY HAND and official seal of office this the 10 day of July, 2008.

Myra J. Welch  
NOTARY PUBLIC

MY COMMISSION EXPIRES:



*My Commission Expires March 17, 2010*

STATE OF Tennessee  
COUNTY OF Shelby

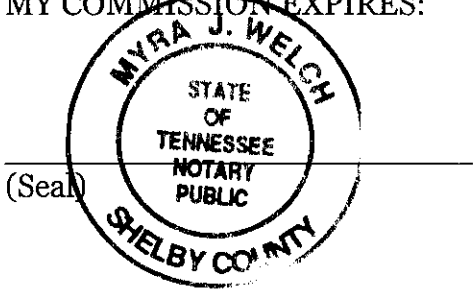
THIS DAY personally appeared before me the undersigned authority in and for the above county and state, the within named JAMES A. JOHNSON, JR., who acknowledged that he/she signed and delivered the above and foregoing Warranty Deed on the day and year therein mentioned as his/her free and voluntary act and deed after being duly authorized to do so.

GIVEN UNDER MY HAND and official seal of office this the 10<sup>th</sup> day of July, 2008.

Myra J. Welch  
NOTARY PUBLIC

MY COMMISSION EXPIRES:

**My Commission Expires March 17, 2010**



STATE OF Tennessee  
 COUNTY OF Shelby

THIS DAY personally appeared before me the undersigned authority in and for the above county and state, the within named JOHN LABUDA, JR., who acknowledged that he/she signed and delivered the above and foregoing Warranty Deed on the day and year therein mentioned as his/her free and voluntary act and deed after being duly authorized to do so.

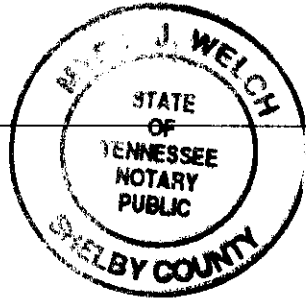
GIVEN UNDER MY HAND and official seal of office this the 10 day of July, 2008.

Myra J. Welch  
 NOTARY PUBLIC

MY COMMISSION EXPIRES:

My Commission Expires March 17, 2010

(Seal)



STATE OF Florida  
COUNTY OF Orange

THIS DAY personally appeared before me the undersigned authority in and for the above county and state, the within named STEPHEN LABUDA, who acknowledged that he/she signed and delivered the above and foregoing Warranty Deed on the day and year therein mentioned as his/her free and voluntary act and deed after being duly authorized to do so.

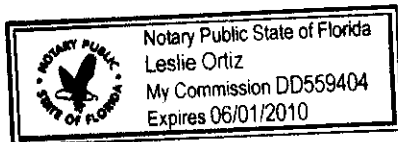
GIVEN UNDER MY HAND and official seal of office this the 10<sup>th</sup> day of July, 2008.

Leslie Ortiz  
NOTARY PUBLIC

MY COMMISSION EXPIRES:

06/01/2010

(Seal)



GRANTOR(S) ADDRESS: P.O. Box 341224, Memphis, TN 38184-1224  
HOME PHONE: N/A WORK PHONE: (901) 382-2660

GRANTEE(S) ADDRESS: 317 Green T Rd., Hernando MS 38632  
HOME PHONE: N/A WORK PHONE: (901) 734-7019

Prepared by and return to:  
George B. Ready  
P.O. Box 127  
Hernando, MS 38632  
(662) 429-7088

**HEIRSHIP AFFIDAVIT**  
(Heirship of James A. Johnson)

STATE OF TENNESSEE  
COUNTY OF SHELBY

COMES Now Dan Hale, of lawful age, being first duly sworn, upon her oath deposes and says:

That she was personally well acquainted with the above named decedent, during his lifetime, having known him for 25 years, and that affiant bears the following relationship to the said decedent, to wit: close family friend and employee.

Affiant further states that the said decedent departed this life at Memphis, in Shelby County, State of Tennessee on or about December 4, 2000, being 88 years old at the date of his death.

Affiant further states that she was well acquainted with the family and near relatives of the said decedent, and with all those who would under the laws of the State of Mississippi, be his heirs, and that the following statements are based upon the personal knowledge of affiant and are true and correct.

That James A. Johnson did not leave a will and none was ever probated.

That his wife, Emma C. Johnson, died on October 5, 1998 and therefore preceded him in death.

That he was never married otherwise.

That James A. Johnson had the following children:

James G. Johnson  
Mary J. LaBuda  
Thomas A. Johnson  
Elizabeth J. Gravette  
David H. Johnson  
Patricia J. Spicer  
James A. Johnson, Jr.

That Mary J. LaBuda died on April 9, 1993, and left the following husband and children:

John B. LaBuda  
John B. LaBuda, Jr.  
Mary L. Banko  
Stephen LaBuda



That James A. Johnson had no other children, adopted or step children.

Dan Hale  
Dan Hale

Subscribed and sworn to before me this 16<sup>th</sup> day of June, 2008.

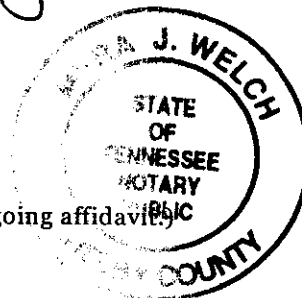
Myra J. Welch

My Commission Expires March 17, 2010 NOTARY PUBLIC

My Commission Expires: \_\_\_\_\_

### CORROBORATING AFFIDAVIT

(To be signed by some person other than the one making the foregoing affidavit)



STATE OF TENNESSEE

COUNTY OF SHELBY

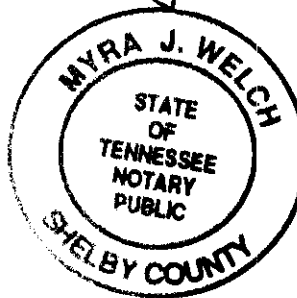
Mark E. Beene, of lawful age, being first duly sworn, upon his oath states: That the information given in the above and foregoing affidavit, made by Dan Hale is true, to the personal knowledge of this affiant.

Mark E. Beene  
Mark E. Beene

Subscribed and sworn to before me this 16<sup>th</sup> day of June, 2008.

Myra J. Welch  
NOTARY PUBLIC

My Commission Expires ~~My Commission Expires March 17, 2010~~



TYPE/PRINT  
IN  
PERMANENT  
BLACK INK  
FOR  
INSTRUCTIONS  
HANDBOOK

STATE OF TENNESSEE  
DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

STATE FILE  
NUMBER

NAME OF DECEDENT  
For use in provision of services

DIS-USE ONLY

REGISTRAR

CERTIFIER

SIGNATURE OF MEDICAL  
EXAMINER EXCUTING  
OFFICER MUST  
COMPLETE AND SIGN  
MEDICAL CERTIFICATION  
WITHIN 48 HOURS.

INSTRUCTIONS  
ON OTHER SIDE

CAUSE OF  
DEATH

Holmes

1. DECEDENT'S NAME (First, Middle, Last) <b>James Alvis Johnson, Sr.</b>				2. SEX <b>Male</b>		3. DATE OF DEATH (Month, Day, Year) <b>December 4, 2000</b>	
4. SOCIAL SECURITY NUMBER (of Decedent) <b>427-07-4043</b>		5a. AGE-LAST BIRTHDAY (Month, Day, Year) <b>88</b>		5b. UNDER 1 YEAR MO. DAY YEAR <b>MO. DAY YEAR</b>		5c. UNDER 1 DAY HOURS MIN. <b>HOURS MIN.</b>	
6. DATE OF BIRTH (Month, Day, Year) <b>Apr. 3, 1912</b>		7. BIRTHPLACE (City and State or Foreign Country) <b>Lafayette County, MS</b>					
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No		9a. PLACE OF DEATH (Check only one) 1 <input type="checkbox"/> Inpatient 2 <input type="checkbox"/> ER/Outpatient 3 <input type="checkbox"/> DOA 4 <input checked="" type="checkbox"/> Nursing Home 5 <input type="checkbox"/> Residence 6 <input type="checkbox"/> Other (Specify)					
9b. FACILITY NAME (If not institution, give street and number) <b>Sunbridge Nursing Home</b>		9c. CITY, TOWN, OR LOCATION OF DEATH <b>Memphis</b>				9d. COUNTY OF DEATH <b>Shelby</b>	
10. MARITAL STATUS (Married, Never Married, Widowed, Divorced (Specify)) <b>Widowed</b>		11. SURVIVING SPOUSE (If wife, give maiden name) <b>N/A</b>		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) <b>Memphis</b>		12b. KIND OF BUSINESS/INDUSTRY <b>Shelby</b>	
13a. RESIDENCE-STATE <b>Mississippi</b>		13b. COUNTY <b>Desoto</b>		13c. CITY, TOWN OR LOCATION <b>Nesbit</b>		13d. STREET AND NUMBER OR RURAL LOCATION <b>1326 Dean Road</b>	
13e. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		13f. ZIP CODE <b>38651</b>		14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No. If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		15. RACE-American Indian, Black, White, etc. (Specify) <b>White</b>	
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <b>12</b> College (14 or 5+)							
17. FATHER'S NAME (First, Middle, Last) <b>Delmer Johnson</b>				18. MOTHER'S NAME (First, Middle, Maiden Surname) <b>Viola Franklin</b>			
19a. INFORMANT'S NAME (Type/Print) <b>Patsy Spicer</b>				19b. RELATIONSHIP TO DECEASED <b>daughter</b>		19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State/Zip Code) <b>5767 South Lake Oaks Drive Bartlett, TN 38134</b>	
20a. METHOD OF DISPOSITION 1 <input checked="" type="checkbox"/> Burial 2 <input type="checkbox"/> Cremation 3 <input type="checkbox"/> Removal from State 4 <input type="checkbox"/> Donation 5 <input type="checkbox"/> Other (Specify)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <b>Forest Hill East Cemetery</b>		20c. LOCATION-City or Town, State <b>Memphis, TN</b>			
21a. SIGNATURE OF FUNERAL DIRECTOR <b>Susan Roney</b>		21b. LICENSE NUMBER OF FUNERAL DIRECTOR <b>4138</b>		21c. SIGNATURE OF EMBALMER <b>Roy Blaylock</b>		21d. LICENSE NUMBER OF EMBALMER <b>3586</b>	
22a. NAME AND ADDRESS OF FUNERAL HOME <b>Forest Hill Funeral Home 2440 Whitten Road Memphis, TN 38133</b>				22b. LICENSE NUMBER OF FUNERAL HOME <b>918</b>			
23. REGISTRAR'S SIGNATURE <i>[Signature]</i>				24. DATE FILED (Month, Day, Year) <b>DEC 18 2000</b>			
25a. SIGNATURE AND TITLE OF PHYSICIAN <b>Connie Holladay</b>		25b. LICENSE NUMBER <b>MD15684</b>		25c. DATE SIGNED (Month, Day, Year) <b>12-14-00</b>			
25d. MEDICAL EXAMINER - On the basis of examination and/or investigation, in my opinion, death occurred at the date and place, and due to the cause(s) and manner as stated. 1 <input checked="" type="checkbox"/> SIGNATURE AND TITLE OF MEDICAL EXAMINER <b>Connie Holladay</b>		25e. LICENSE NUMBER <b>MD15684</b>		25f. DATE SIGNED (Month, Day, Year) <b>12-14-00</b>			
25g. SIGNATURE AND TITLE OF MEDICAL EXAMINER <b>Connie Holladay</b>		25h. LICENSE NUMBER <b>MD15684</b>		25i. DATE SIGNED (Month, Day, Year) <b>12-14-00</b>			
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print) <b>Dr. Connie Holladay - 48 South Prescott - Memphis, TN. 38111</b>							
28. PART I: Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death): <b>Cardiopulmonary arrest</b> DUE TO (OR AS A CONSEQUENCE OF): a. <b>Diffuse atherosclerosis</b> DUE TO (OR AS A CONSEQUENCE OF): b. <b>Coronary vascular disease, S/P stroke</b> DUE TO (OR AS A CONSEQUENCE OF): c. <b>Hypertension, Congestive Heart Failure</b> DUE TO (OR AS A CONSEQUENCE OF): d. <b>Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST.</b>							
PART II: Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. <b>Hypertension, Congestive Heart Failure</b>							
29a. WAS AN AUTOPSY PERFORMED? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No					
30. MANNER OF DEATH 1 <input type="checkbox"/> Natural 5 <input type="checkbox"/> Pending investigation 2 <input type="checkbox"/> Accident 6 <input type="checkbox"/> Could not be determined 3 <input type="checkbox"/> Suicide 7 <input type="checkbox"/> Homicide 4 <input type="checkbox"/> Undetermined		31a. DATE OF INJURY (Month, Day, Year)		31b. TIME OF INJURY <b>M</b>		31c. INJURY AT WORK? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
31d. PLACE OF INJURY (At home, farm, street, factory, office building, etc. (Specify))		31e. LOCATION (Street and Number or Rural Route Number, City or Town, State)					

MISSISSIPPI STATE DEPARTMENT OF HEALTH  
VITAL RECORDS

BK 589 PG 334

TYPE OR PRINT  
WITH BLACK INKFILING  
DATE

OCT 22 1998

## CERTIFICATE OF DEATH

STATE OF MISSISSIPPI

STATE FILE  
NUMBER

123-

1. NAME First Middle Last <b>EMMA CRYSTELL YOUNGBLOOD JOHNSON</b>		2. SEX <b>FEMALE</b>	3a. HOUR OF DEATH <b>7:30A</b>	3b. DATE OF DEATH (Month, Day, Year) <b>OCTOBER 5, 1998</b>
4. RACE (Specify White, Black, American Indian, etc.) <b>WHITE</b>	5a. AGE AT LAST BIRTHDAY <b>78</b> Years	5b. MOS <b>ONLY IF UNDER 1 YEAR</b> 5c. DAYS <b>ONLY IF UNDER 1 DAY</b> 5d. HOURS <b>ONLY IF UNDER 1 DAY</b> 5e. MINS	6. DATE OF BIRTH (Month, Day, Year) <b>SEPT. 17, 1920</b>	7a. COUNTY OF DEATH <b>DESOTO</b>
7b. CITY OR TOWN OF DEATH <b>NESBIT</b>	7c. HOSPITAL OR OTHER INSTITUTION NAME AND NUMBER (If not in either, give street address, route number or other location) <b>1326 DEAN ROAD</b>		7d. IF IN HOSP. OR INST. SPECIFY INPT., OUTPT., EMER., RM OR DOA <b>STATE OF BIRTH</b> <b>TENNESSEE</b>	
8. DECEDENT'S EDUCATION (Specify only highest grade completed) <b>High School</b>	9. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	10. SURVIVING SPOUSE (If wife, give maiden name) <b>JAMES A. JOHNSON</b>	11. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No) <b>NO</b>	
12. ORIGIN OR DESCENT (Specify Cuban, Afro-American, Mexican, etc.) <b>AMERICAN</b>	13. SOCIAL SECURITY NUMBER <b>429-66-1374</b>	14. USUAL OCCUPATION (Kind of work done) <b>HOMEMAKER</b>	15. KIND OF BUSINESS OR INDUSTRY <b>HOME</b>	
16a. RESIDENCE—STATE <b>MISSISSIPPI</b>	16b. COUNTY <b>DESOTO</b>	16c. CITY OR TOWN <b>NESBIT</b>	16d. INSIDE CITY LIMITS (Specify Yes or No) <b>YES</b>	16e. STREET AND NUMBER OR RURAL LOCATION <b>1326 DEAN ROAD</b>
17. FATHER—NAME First Middle Last <b>SHIELDS YOUNGBLOOD</b>		18. MOTHER—NAME First Middle Maiden <b>ADDIE GODWIN</b>		
19a. INFORMANT—NAME (Type or print) <b>JAMES G. JOHNSON</b>		19b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) <b>2455 DOGWOOD TRAIL DR. GERMANTOWN, TN 38139</b>		
20a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		20b. CEMETERY, CREMATORY—NAME <b>FOREST HILL EAST</b>	20c. LOCATION (City and State) <b>MEMPHIS, TENNESSEE</b>	20d. EMBALMER—SIGNATURE AND NUMBER <b>WES KIRKPATRICK #4939</b>
21a. FUNERAL HOME—NAME AND MISSISSIPPI I.D. NUMBER <b>FOREST HILL FUNERAL HOME #918</b>		21b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) <b>2440 WHITTEN ROAD MEMPHIS, TN 38133</b>		
22a. PERSON WHO PRONOUNCED DEATH—NAME AND TITLE (Type or print) <b>Nel Chambers, R.N.</b>		22b. PRONOUNCED DEAD (Month, Day, Year) <b>ON 10/5/1998</b>	22c. PRONOUNCED DEAD (Hour) AT <b>8:30A</b>	
23a. CERTIFIER—NAME (Type or print) <b>Jeffery Pounders</b>		23b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) <b>4942 Pounders Rd. Nesbit, Ms. 38651</b>		
24a. To the best of my knowledge, death occurred due to the cause(s) and manner as stated. SIGNATURE 24b. DATE SIGNED (Month, Day, Year) 24c. STATE LICENSE NUMBER 24d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print)		24e. On the basis of examination and/or investigation, in my opinion, death occurred due to the cause(s) and manner as stated. SIGNATURE 24f. TITLE 24g. DATE SIGNED (Month, Day, Year)		
25. PART I: IMMEDIATE CAUSE (Enter one cause only): (a) <b>Chronic Obstructive Pulmonary Disease</b> DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only): (b) DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only): (c) 25. PART II: OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in PART I		27. AUTOPSY (Yes or No) <b>No</b>		
28a. ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION, OR UNDETERMINED (Specify) 28b. DATE OF INJURY (Month, Day, Year) 28c. HOUR OF INJURY 28d. DESCRIBE HOW OR BY WHAT MEANS INJURY OCCURRED		29. PLACE OF INJURY (Specify Home, Farm, Street, Factory, Office building, etc.) 29a. INJURY AT WORK (Yes or No) 29b. LOCATION 29c. STREET OR ROUTE NUMBER 29d. CITY OR TOWN 29e. STATE		

THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE ON FILE IN THIS OFFICE

*F. E. Thompson Jr. MD*  
F. E. Thompson, Jr., M.D., M.P.H.  
STATE HEALTH OFFICER

OCT 22 98

*Nita Cox Gunter*  
Nita Cox Gunter  
STATE REGISTRAR

## WARNING:

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